

Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 12:55PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 01:40PM
Visit ID	: CVIMOPV597834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240080224

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.7	g/dL	13-17	Spectrophotometer
PCV	48.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.1	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,290	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.5	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	5.9	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3679.65	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1761.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	371.11	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.61	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.09		0.78- 3.53	Calculated
PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: PLF02132151

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Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 03:10PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1436257

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Consultant Pathologist

SIN No: EDT240036858

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.46	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine



Dr Sneha Shah
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SIN No:SE04673357

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eligibility of drug therapy.

4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.40	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.29	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.11	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.9	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	69.66	U/L	30-120	IFCC
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Certificate No: MC-5697

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Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 01:15PM
UHID/MR No : CVIM.0000238093	Reported : 23/Mar/2024 03:05PM
Visit ID : CVIMOPV597834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16573	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.91	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.72	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.41	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.88	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	131.47	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108.7	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated

Page 11 of 16


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04673357

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.RAJARAM JADHAV	Collected : 23/Mar/2024 10:38AM
Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 01:15PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.20	U/L	<55	IFCC

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04673357

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

Patient Name : Mr.RAJARAM JADHAV	Collected : 23/Mar/2024 10:38AM
Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 01:29PM
UHID/MR No : CVIM.0000238093	Reported : 23/Mar/2024 02:40PM
Visit ID : CVIMOPV597834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16573	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.078	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 13 of 16



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: SPL24053885

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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1860 500 7788
www.apolloclinic.com

Patient Name : Mr.RAJARAM JADHAV	Collected : 23/Mar/2024 10:38AM
Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 01:29PM
UHID/MR No : CVIM.0000238093	Reported : 23/Mar/2024 02:26PM
Visit ID : CVIMOPV597834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16573	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.060	ng/mL	0-4	CLIA



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24053885

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

Patient Name : Mr.RAJARAM JADHAV	Collected : 23/Mar/2024 10:38AM
Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 03:14PM
UHID/MR No : CVIM.0000238093	Reported : 23/Mar/2024 03:51PM
Visit ID : CVIMOPV597834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16573	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UR2314551

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Certificate No: MC-5697

Patient Name : Mr.RAJARAM JADHAV	Collected : 23/Mar/2024 10:38AM
Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 03:37PM
UHID/MR No : CVIM.0000238093	Reported : 23/Mar/2024 04:02PM
Visit ID : CVIMOPV597834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16573	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: UF011378

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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45

Name : Mr. RAJARAM JADHAV	Age : 48 Y	UHID :CVIM.0000238093
Address : pune	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		ACVIM.0000238093*
		OP Number :CVIMOPV597834
		Bill No :CVIM-OCR-63778
		Date : 23.03.2024 10:11

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
16	HbA1c. GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

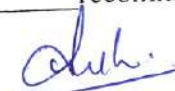
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rajaram Jadhav on 23/03/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>↑ LDL</u></p> <p>2. <u>↑ Bilirubin</u></p> <p>3. <u>↓ non-clinical hypnatemia</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>


Dr. Archana V. MBBS
Registration No. 103429
Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Date : 23-03-2024

MR NO : CVIM.0000238093

Department : GENERAL

Doctor :

Name : Mr. RAJARAM JADHAV

Registration No :

Age/ Gender : 48 Y / Male

Qualification :

Consultation Timing: 10:11

Height : 168	Weight : 77	BMI : 27	Waist Circum : 97
Temp : 97°F	Pulse : 78	Resp : 20	B.P : 120/70

General Examination / Allergies History

O/E: ph us / ns / nead

Ph - soft

CAUS - N/A

Clinical Diagnosis & Management Plan

HOME SAMPLE COLLECTION
PH.: 7775870014
:020-26634331/32/34

No specific complaints
Not a keto DM/SHHAI.

Family Hx -
Mother - DM/SHHAI.

Syp. Panms 5 Sml - Sml - Sml
(Before food) X 10 days.

T. Lomce 5mg 1 - 10
X 10 days.

T. Odiment LC 0 - 0
X 10 days.

FREE CHECK UP
- PHYSIOTHERAPY
- DENTAL
- AUDIO (HEARING)
- OPHTHAL (EYE)

Follow up date:

Dr. Archana V. MBBS
Registration No. 103429

Archana V.
Doctor Signature

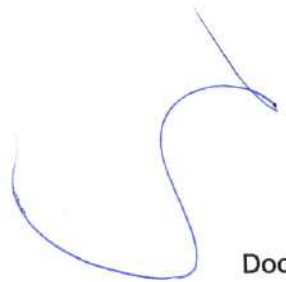
Mr Rajaram Jadhav

Height : 168	Weight : 77	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

AD
Ret ENT HAD



Follow up date:

Doctor Signature

(2)

EYE EXAMINATION

DATE: 23/3/20

MOBILE NO: →

NAME:- Dhanraj Ganman

AGE:- 48

CORPORATE:- Apollo

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Wear Eye glasses

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.O.M.S.
Cor: Senior Eye Surgeon
Reg. no.: 30319



238093
48 Years

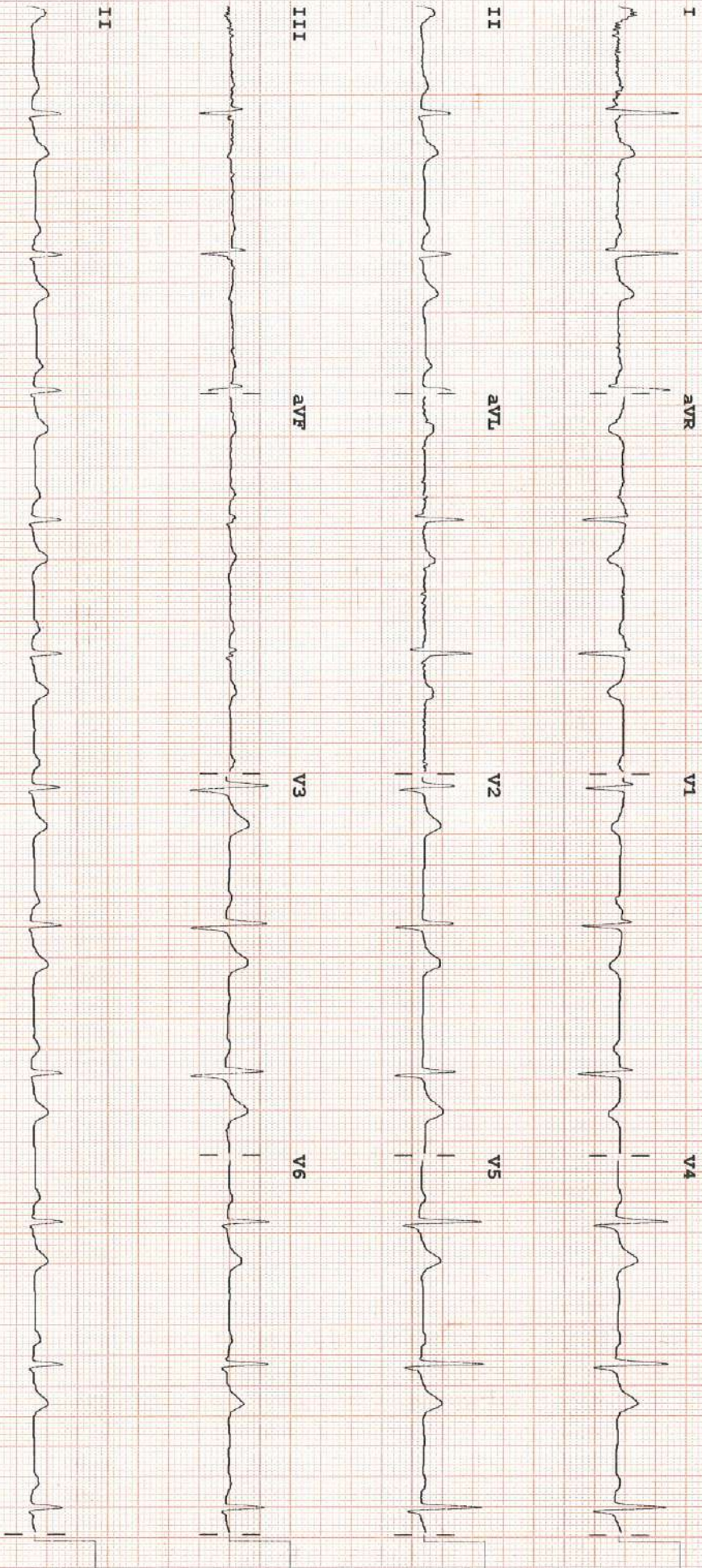
rajaram jadhav (v.n. clinic)
Male

23-Mar-24 1:22:53 PM

Rate 66 Sinus rhythm.....normal P axis, V-rate 50-99
Abnormal R-wave progression, early transition.....QRS area>0 in V2
PR 189 Artifact in lead(s) I, III, aVL and baseline wander in lead(s) VI
QRSD 87
QT 387
QTc 406
--AXIS--
P 44
QRS 12
T 21
12 Lead, Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.50 ~ 40 Hz W

PH100B CL

P?

PHILIPS

REORDER M3708A



Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 12:55PM
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Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240080224

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Nyati Millenium Premises, Cooperative Society
Limited, Shop No.51 & Stilt Floor, Building "C",
Viman Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.7	g/dL	13-17	Spectrophotometer
PCV	48.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.56	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.1	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,290	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.5	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	5.9	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3679.65	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1761.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	371.11	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.43	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.61	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.09		0.78- 3.53	Calculated
PLATELET COUNT	237000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate

Page 2 of 16



DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: BED240080224

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 12:55PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 01:40PM
Visit ID	: CVIMOPV597834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

No hemoparasite seen.

DR. Sanjay Ingle
M.B.B.S., M.D.(Pathology)
Consultant Pathologist

SIN No: BED240080224

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Viman Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 12:55PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 02:30PM
Visit ID	: CVIMOPV597834	Status	: Final Report
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Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240080224

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Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 01:13PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 02:23PM
Visit ID	: CVIMOPV597834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:PLF02132151

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Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 12:56PM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 03:10PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 05:58PM
Visit ID	: CVIMOPV597834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF BIOCHEMISTRY

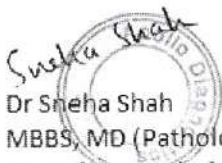
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLP1436257

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

Patient Name : Mr.RAJARAM JADHAV	Collected : 23/Mar/2024 10:38AM
Age/Gender : 48 Y 11 M 25 D/M	Received : 23/Mar/2024 12:55PM
UHID/MR No : CVIM.0000238093	Reported : 23/Mar/2024 02:22PM
Visit ID : CVIMOPV597834	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16573	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:EDT240036858

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 01:15PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 03:05PM
Visit ID	: CVIMOPV597834	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.08	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.46	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04673357

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 01:15PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04673357

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.40	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.29	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.11	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.9	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	69.66	U/L	30-120	IFCC
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Page 10 of 16



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SE04673357

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.91	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.72	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.41	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.88	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	131.47	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108.7	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04673357

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.20	U/L	<55	IFCC

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04673357

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Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.078	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: SPL24053885

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Certificate No: MC-5697

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Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 01:29PM
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Visit ID	: CVIMOPV597834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.060	ng/mL	0-4	CLIA



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24053885

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Certificate No: MC-5697

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Visit ID : CVIMOPV597834
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE16573

Collected : 23/Mar/2024 10:38AM
Received : 23/Mar/2024 03:14PM
Reported : 23/Mar/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UR2314551

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloh1.com | Email ID: enquiry@apolloh1.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira

Hyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & S11 Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

Patient Name	: Mr.RAJARAM JADHAV	Collected	: 23/Mar/2024 10:38AM
Age/Gender	: 48 Y 11 M 25 D/M	Received	: 23/Mar/2024 03:37PM
UHID/MR No	: CVIM.0000238093	Reported	: 23/Mar/2024 04:02PM
Visit ID	: CVIMOPV597834	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF011378

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APOLLO CLINICS NETWORK

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Nyat Millenium Premises, Cooperative Society Limited, Shop No.S1 & Silt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Patient Name : Mr. RAJARAM JADHAV
UHID : CVIM.0000238093
Reported on : 23-03-2024 11:58
Adm/Consult Doctor :

Age : 48 Y M
OP Visit No : CVIMOPV597834
Printed on : 25-03-2024 09:00
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:23-03-2024 11:58

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name : Mr. RAJARAM JADHAV Age : 48 Y M
UHID : CVIM.0000238093 OP Visit No : CVIMOPV597834
Reported on : 23-03-2024 12:17 Printed on : 25-03-2024 09:00
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright in echotexture. Right lobe of liver shows focal classifications measuring 9.9 and 18 mm. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Grade II fatty liver.

Right lobe of liver shows focal classifications measuring 9.9 and 18 mm

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

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Preeti

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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

NAME : RAJARAM JADHAV
AGE : 48/M

DATE : 23/03/2024

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : Normal trileaflets,, normal subvalvular apparatus . Mild MR/ No MS.

AORTIC VALVE : Normal trileaflets, normal gradients across the valve. No AS/AR.

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . Trivial tricuspid regurgitation. RVSP 28 mm Hg. No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 65%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact with normal thickness.

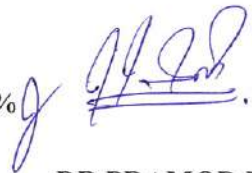
No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:22MM
LEFT ATRIUM	24MM
IVSd	:09 MM
PWd	:09MM
LVIDd	:42 MM
LVIDs	:25MM
LVEF	: 65 %

IMPRESSION:

NORMAL CARDIAC VALVES
NORMAL CARDIAC CHAMBERS
GOOD LV SYSTOLIC FUNCTION, LVEF 65%



DR. PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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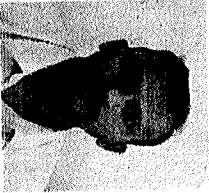
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

भारत सरकार
GOVERNMENT OF INDIA



राजाराम परशुराम जाधव
Rajaram Parshuram Jadhav
जन्म तारीख/ DOB: 29/03/1975
पुरुष / MALE



6833 6252 8053

आधार-सामान्य माणसाना अधिकार

26
Arcofemi/Mediwheel/MALE/FEMALE
Arcofemi Mediwheel Full Body
Annual Plus Check Advanced
Female 2D ECHO bobs16575

SUNITA RAJARAM JADHAV 40 year
Female rj2040411@gmail.com
9321781096 3/23/2024

9:00 AM Apollo Clinic - Viman
Nagar Maharashtra Pune
If 2D ECHO Slot are Full or 2D
Echo Facility not Available
book TMT Package

Confirmed at 9:00 AM
27
Arcofemi/Mediwhheel/MALE/FEMALE
Arcofemi Mediwhheel Full Body
Annual Plus Male Above 50 2D
ECHO bobE16573

MR. JADHAV RAJARAM PARSHURAM
48 year Male
rj2040411@gmail.com
9321781096 3/23/2024
9:00 AM Apollo Clinic - Viman
Nagar Maharashtra Pune
If 2D ECHO Slot are Full or 2D
Echo Facility not Available
book TMT Package
Confirmed at 9:00 AM

Patient Name	: Mr. RAJARAM JADHAV	Age/Gender	: 48 Y/M
UHID/MR No.	: CVIM.0000238093	OP Visit No	: CVIMOPV597834
Sample Collected on	:	Reported on	: 23-03-2024 12:21
LRN#	: RAD2279062	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE16573		

DEPARTMENT OF RADIOLOGY

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Patient Name : Mr. RAJARAM JADHAV

Age/Gender : 48 Y/M

UHID/MR No. : CVIM.0000238093

OP Visit No : CVIMOPV597834

Sample Collected on :

Reported on : 23-03-2024 11:59

LRN# : RAD2279062

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE16573

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

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Both domes of diaphragm appear normal.

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